

215051805
73347

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 123	Agency Case No. B5-114320	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/10/2015		TIME OF ACCIDENT	STATE USE ONLY	Amended 12/17/2015								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1638	LATITUDE									
B 58	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. NORTH ANTELOPE VALLEY PARKWAY		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE									
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.										
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION											
		NAME OF INTERSECTING ROADWAY		FEET MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING									
		SAUNDERS AVE												
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN													
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN									
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO									
VEHICLE NO. 1														
F 1	DRIVER LICENSE NO.	G02164883		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V1/N 1	DRIVER	REBECCA S CROUSE		PHONE	308-233-1072									
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/08/1961									
G 4	OWNER	REBECCA CROUSE		PHONE	308-233-1072									
V1/O 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB485315								
H 4	LICENSE PLATE	PA NO.	TW541	YEAR (Plate Expires)	2016	STATE (Of Plate) NE								
V1/O 4	VEHICLE	YEAR	1999	MAKE	Ford	MODEL	EPT	BODY STYLE	Medium/large	COLOR	dark blue	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOALED \$	
V2/O 4	VEHICLE ID NO. (VIN)	1FMPU18L2XLB99581		INSURANCE COMPANY		DAIRYLAND AUTO								
I 1	TOWED TO	TOW LOT		TOWED BY	CAPITAL TOWING		POLICY NO.	274606115						
VEHICLE NO. 2														
V1/P 1	DRIVER	JULIE A WIESE		PHONE	402-613-3155									
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/27/1959									
J 01	OWNER	JULIE A WIESE / EARL L WIESE JR		PHONE	402-613-3155									
V1/Q 1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.								
V2/Q 1	LICENSE PLATE	PA NO.	SUB531	YEAR (Plate Expires)	2016	STATE (Of Plate) NE								
V2/Q 1	VEHICLE	YEAR	2000	MAKE	Dodge	MODEL	GSS	BODY STYLE	Mini van	COLOR	white	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOALED \$	
K 02	VEHICLE ID NO. (VIN)	1B4GP44G2YB758153		INSURANCE COMPANY		NATIONWIDE								
		TOWED TO	TOW LOT		TOWED BY	CAPITAL TOWING		POLICY NO.	PPGM0010464485-6					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. # 1	NAME	NICHOLE SKINNER 442 GASLIGHT, LINCOLN, NE 68521		10/24/1984		03	1	04	4	2	F			
		LOCAL NO.	402-601-2717	MEDICAL FACILITY NAME	BryanLGH Medical Center West (Lincoln General)	EMS SERVICE NAME	Lincoln Fire & Rescue	EMS RUN REPORT NO.						
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.								
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.								

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-114320



Indicate
North
by Arrow



SAUNDERS AVE

P.O.I.

POI
- 8'10" E OF W OF
NORTH ANTELOPE
VALLEY PARKWAY
- 25'4" S OF N OF
SAUNDERS AVE

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D2 reports she was operating her motor vehicle SBND on North Antelope Valley Parkway approaching Saunders Ave. D2 stated V1 was NBND on North Antelope Valley Parkway and attempted to make a left turn, WBND onto Saunders Ave and V2 crashed into V1. D1 stated she was NBND on North Antelope Valley Parkway and wanted to turn left, WBND onto Saunders Ave. D1 stated she believed V2 was going to make a left turn at the intersection and D1 attempted to make her left turn. D1 reports V2 then crashed into V1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1	X				NORTH ANTEL				4		2		VEH 1		
2		X			NORTH ANTE				4		2		2		
1	06	06 Turning left			POINT OF IMPACT	03	POINT OF IMPACT	01	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2	01	08 Entering traffic lane			MOST DAMAGED AREA	03	MOST DAMAGED AREA	01	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
				09 Leaving traffic lane						3 Deployed - both front/side		3 Shoulder belt only used		Pedestrian	
				10 Parked						4 Not deployed		4 Lap belt only used		Y	
				11 Slowing or stopped in traffic						5 Not applicable/ No airbag available		5 Child safety seat used		N	
				12 Other						6 Unknown		6 Child booster seat used		X	
				13 Unknown								7 DOT approved helmet used		N	
												8 Costume helmet used		X	
												9 Restraint use unknown		N	
														Driver No. 1	
														1	
														Driver No. 2	
														1	

OFFICER NO. 1643	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Tobias Hite		INVESTIGATOR SIGNATURE Approved by Officer Tobias Hite	DATE OF REPORT 12/17/2015